

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-6		6/22/01
O.I.P.E. CLASSIFIER	Dr	32	7/2
FORMALITY REVIEW	SP	1128	8/10/01
RESPONSE FORMALITY REVIEW	M1	875	11/01/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	04	02
2	✓	05	03
3	✓	06	04
4	✓	07	05
5	✓	08	06
6	✓	09	07
7	✓	10	08
8	✓	11	09
9	✓	12	10
10	✓	13	11
11	✓	14	12
12	✓	15	01
13	✓	16	02
14	✓	17	03
15	✓	18	04
16	✓	19	05
17	✓	20	06
18	✓	21	07
19	✓	22	08
20	✓	23	09
21	✓	24	10
22	✓	25	11
23	✓	26	12
24	✓	27	01
25	✓	28	02
26	✓	29	03
27	✓	30	04
28	✓	31	05
29	✓	32	06
30		33	07
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36		39	01
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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05-26  
 2/1/01  
 05-26-7055  
 01/01/01